



CITY OF NEW HAVEN
 DEPARTMENT OF ASSESSMENT
 165 Church Street
 New Haven, CT 06510
 (203) 946-4800



**CITY ADDITIONAL
 VETERANS PROGRAM**

Income Limit for Married = \$45,600

Income Limit for Unmarried = \$39,600

FILING PERIOD : FEBRUARY 1st through OCTOBER 1st

1. NAME (Last)	(First)	(Middle Initial)	YOUR SOCIAL SECURITY NO.
2. SPOUSES NAME (Last)	(First)	(Middle Initial)	SPOUSES SOCIAL SECURITY NO.
3. MAILING ADDRESS (No. and Street)	CITY OR TOWN (Don't Abbreviate)	STATE	ZIP CODE
4. MARITAL STATUS :			TELEPHONE NO.
<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (Single, Divorced, Widow/Widower, or Legally Separated)			
5. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):			
a. TAXABLE INCOME - Examples: Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's), Taxable portion of IRA's, Interest, Dividends, Net rent or proceeds from sales of property, etc. If you are required to file a Federal Income Tax Return, enter the amount of Adjusted Gross Income Plus any other income and attach a copy of the return to this application.			a. \$ _____
b. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds			b. \$ _____
c. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - (GROSS AMOUNT)			c. \$ _____
d. ANY INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, and any other income not listed above.			d. \$ _____
e. TOTAL Add lines 5a through 5d			e. \$ _____
6. APPLICANT'S AFFIDAVIT	The Applicant herein claims a property tax exemption under provisions of the General Statutes, deposes that the above statements are true and complete and that he/she is not receiving a State Veterans exemption in accordance with any other part of Section 12-81 in any other town or city. The signature below indicates that this affidavit has been read and understood.		
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X			Date signed (Mo, Day, Yr)
7. ASSESSOR'S AFFIDAVIT	<input type="checkbox"/> - I am satisfied that the above named applicant meets all the necessary statutory requirements <input type="checkbox"/> - This claim is disallowed for the following reason: _____		
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF			Date signed (Mo.,Day,Yr.)